



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

MAY 12 2017

REPLY TO THE ATTENTION OF:

Ms. Carol Westling
Federated Co-op
925 Highway 47 South
Isle, Minnesota 56342

Re: Compliance Evaluation Inspection

Dear Ms. Westling:

On October 28, 2016, a representative of the U.S. Environmental Protection Agency inspected the Federated Co-op located in Isle, Minnesota. The purpose of the inspection was to evaluate the facility's compliance with certain requirements of the Resource Conservation and Recovery Act (RCRA), specifically the technical standards and corrective action requirements for owners and operators of underground storage tanks set forth at 40 Code of Federal Regulations Part 280. Enclosed please find a copy of our inspection report dated October 28, 2016.

The inspector noted a crack in your premium spill bucket; however, upon further review this did not appear to be a violation. It is recommended that you get this fixed as soon as possible, before it becomes an issue.

Based upon the information available to the EPA, the inspection did not detect any violations of the specific RCRA requirements under evaluation. This determination does not limit the applicability of the requirements evaluated, other RCRA regulations, or regulations under other environmental statutes. The EPA will continue to evaluate your facility in the future.

If you have any questions or concerns regarding this matter, please contact Mark Restaino, of my staff, at 312-886-0394.

Sincerely,

A handwritten signature in cursive script, reading "Sherry A. Kamke", is positioned above the typed name.

Sherry A. Kamke, Chief
Underground Storage Tanks Section

Enclosure

cc: Ryan Rupp, Department of Natural Resources, Mille Lacs Band of Ojibwe Indians
Andrew Boyd, Department of Natural Resources, Mille Lacs Band of Ojibwe Indians

UST Inspection Checklist

PART I. OWNER/OPERATOR INFORMATION

1. Facility Name: <u>Federated CO-OP</u> 2. Owner: <u>Federated CO-OP</u> 3. Operator: _____ 5. Contact Person: <u>Carol Westling</u> 6. UST Site Phone #: <u>320-676-3863</u>	6. Date of Visit: <u>10/28/16</u> 7. Marketer: <u>x</u> Non-Marketer: _____ 8. Site Arrival/Departure (Time): <u>12:05pm</u> / <u>1:15pm</u> 9. Facility Address: <u>925 South Hwy 47</u> <u>Isle, MN 56342</u> 10. Team Members: <u>Ryan Rupp/Andrew Boyd/Carol Westling</u>
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PART II. UST SITE INFORMATION

1. Tank #:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
2. Tank Type:	<u>STI-P3</u>	<u>STI-P3</u>	<u>STI-P3</u>	<u>STI-P3</u>	<u>STI-P3</u>		
3. Piping Type:	<u>Wrapped Steel</u>	<u>Wrapped Steel</u>	<u>Wrapped Steel</u>	<u>Wrapped Steel</u>	<u>Wrapped Steel</u>		
4. Size of Tank:	<u>12,000</u>	<u>10,000</u>	<u>6000</u>	<u>10,000</u>	<u>4000</u>		
5. Tank Contents:	<u>Reg. UL</u>	<u>Mid UL</u>	<u>Prem. UL</u>	<u>Diesel 2</u>	<u>Diesel</u>		
6. Install Date:	<u>4/9/1990</u>	<u>4/9/1990</u>	<u>4/9/1990</u>	<u>4/9/1990</u>	<u>4/9/1990</u>		
7. TTT Date:							
8. LTT Date:							
9. LD (Tank):	<u>ATG</u>	<u>ATG</u>	<u>ATG</u>	<u>ATG</u>	<u>ATG</u>		
10. LD (Pipe):	<u>ELLD</u>	<u>ELLD</u>	<u>ELLD</u>	<u>ELLD</u>	<u>ELLD</u>		
11. Closure Date:							
	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>	Perm <input type="checkbox"/> Temp <input type="checkbox"/>
12. Spill:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Overfill:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>	<u>Alarm</u>		
14. CP (Tank):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date:	<u>10/26/2016</u>	<u>Due 10/26/17</u>					
Type:	<u>Impressed</u>	<u>Current</u>					
15. CP (Piping):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date:	<u>10/26/2016</u>	<u>Due 10/26/17</u>					
Type:	<u>Impressed</u>	<u>Current</u>					
16. CP Monitoring: [For all cathodic protection systems (Galvanic Anodes and Impressed Current Systems)]							
6 Mo./3 Yrs:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Monitoring conducted within six month of installation and three years after initial monitoring. [280.31(b)(1)]							
Six Months:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Monitoring conducted within six month of any repairs to UST system. [280.33(e)]							
Records:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Records on file of last two monitoring results. [280.31(d)(2)]							
17. CP Monitoring: [For Impressed Current Systems Only]							
60 Day Insp.:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: System is inspected ever 60 days, involves reading and recording systems voltage and amperage. [280.31(c)]							
Records:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Records on file of last three voltage and amperage readings. [280.33(d)(1)]							

UST Inspection Checklist

PART III. RECOMMENDATION(S) & NARRATIVE COMMENTS

1. Further action is recommend/necessary: Yes ___ No ___

Notes: _____

2. Facility to provide info. on compliance: Yes ___ No ___

Notes: _____

3. Follow-up inspection recommended: Yes ___ No ___

Notes: _____

[If Yes, state reason(s) why.]

4. Information Request Letter (IRL): Yes ___ No ___ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

5. Notice of Violation (NOV): Yes ___ No ___ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

6. Field Citation (FC): Yes ___ No ___ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

7. Administrative Order (AO): Yes ___ No ___ Date: _____

Notes: _____

[If Yes, A Full Narrative Report is required along with this checklist]

8. Refer to State: Yes ___ No ___ Date: _____

Notes: _____

[If Yes, A Full Narrative Report may be required along with this checklist]

9. Financial Responsibility (FR): Yes x No ___ Expiration Date: Minnesota Petrofund

10. Inspector's Remarks: Handed out the Updated 2015 Must for USTs and Implementation Time Frames for 2015 UST Brochure

Discussed the new 2015 regulations. Under-dispenser containment for new dispenser systems, operator training, spill prevention equipment testing, overfill prevention equipment inspections, containment sump testing, release detection equipment testing & walkthrough inspections.

Spill buckets, sumps and under dispenser containment are all dry except tank 4 & 5 spill buckets have small amount of product - recommended to clean out. Premium spill bucket is cracked near the top - recommended to repair/replace.

CP passed 10/26/2016. Federated does annual CP due again 10/26/2017.

Checked Rectifier 16V / 6.4 Amps 47390 hours. See attach Monthly Rectifier Readings.

Annual Mechanical/ Electronic Leak Detection performed 10/27/16. See attached.

11. Additional Remarks/Comments: _____

Tank Test	T1	T2	T3	T4	T5	Line Test
10/3/2016	Pass	P	P	P	P	Line Test were observed also. Had 12 consecutive months of multiple passes at .2 GPH and annual .1 GPH. See Attached photo of an example of printout for each month. All lines passed each month. November 2015 thru October 2016.
9/1/2016	P	P	P	P	P	
8/1/2016	P	P	P	P	P	
7/1/2016	P	P	P	P	P	
6/1/2016	P	P	P	P	P	
5/2/2016	P	P	P	P	P	
4/1/2016	P	P	P	P	P	
3/1/2016	P	P	P	P	P	
2/1/2016	P	P	P	P	P	
12/31/2015	P	P	P	P	P	
12/1/2015	P	P	P	P	P	
11/2/2015	P	P	P	P	P	

5/11/17 - After further Review the Spill Bucket Appears to function As Required. Recommend repair or replacing before it is an issue MCR 5/11/17

Ryan Thugg
Inspector Signature

10/28/16
Date

No Further Actions Mark Rottaro 5/11/17